UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/ERI/2
14 August 2001

ORIGINAL: ENGLISH

Second regular session 2001
10 to 14 September 2001, New York
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Eritrea

Proposed UNFPA assistance:	$10.5 million, $4.5 million from regular resources and $6.0 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Second
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.6	3.9	6.5
Population and development strategies	1.4	2.1	3.5
Programme coordination and assistance	0.5	0.0	0.5
Total	4.5	6.0	10.5

/...

ERITREA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	21	≥60
Contraceptive prevalence rate (%)[2]	5	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	118.8	≤65
Infant mortality rate (per 1,000 live births)[5]	91	≤50
Maternal mortality ratio (per 100,000 live births)[6]	1000	≤100
Adult female literacy rate (%)[7]	--	≥50
Secondary net enrolment ratio (%)[8]	83	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	3,816	Annual population growth rate (%)	4.22
Population in year 2015 (000)	5,720	Total fertility rate (/woman)	5.28
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	51.1
Ages 0-14	43.9	Females	53.7
Youth (15-24)	19.2	Both sexes	52.4
Ages 60+	4.7	GNP per capita (U.S. dollars, 1998)	200

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over the period 2002-2006 to assist the Government of Eritrea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $10.5 million, of which $4.5 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $6 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Eritrea is a "Category A" country under the UNFPA resource allocation criteria. This would be the Fund's second programme of assistance to Eritrea.

2. The proposed programme is the outcome of close collaboration with governmental, United Nations and other organizations. Intense collaboration was initiated at the onset of the Common Country Assessment (CCA) process and was reinforced at the time of the annual project review. It culminated in a national strategy meeting at which the country programme outline was reviewed carefully by senior policy makers and officials. The proposed programme takes into account not only the principal development objectives of the Government of Eritrea but also the recommendations on priority areas for United Nations system support that were adopted in January 2001 by the high-level CCA workshop, during which the United Nations Development Assistance Framework (UNDAF) for Eritrea was launched.

3. The proposed programme is based on the findings and recommendations of a country programme evaluation, the CCA and background papers on reproductive health and on population and development strategies prepared in connection with the CCA. It also takes account of many of the recent policies and guidelines adopted by the Ministry of Health, notably those concerning sexual and reproductive health; HIV/AIDS and sexually transmitted infections (STIs); information, education and communication (IEC); and community health services. The proposed programme was also prepared in light of the "National Economic Policy Framework and Program for 1998-2000" and the National Statistics Plan for Short, Medium and Long Term.

4. The second country programme would address three of the development themes identified during the UNDAF process, namely: access to quality basic health services with special emphasis on reproductive health services; HIV/AIDS; and the collection and analysis of data needed to guide development policies. The UNDAF will also ensure harmonization of the proposed programme with those of other United Nations agencies. Additionally, the UNDAF process will take into account key cross-cutting issues, such as capacity building, gender, population groups with special needs, and communication for development.

5. The long-term goals of the Government of Eritrea are in harmony with the Programme of Action of the International Conference on Population and Development (ICPD). Although an explicit national population policy has not been developed, key issues – including adolescent reproductive health, environment, gender, HIV/AIDS and the status of people with disabilities – are addressed in various policy and planning documents. The overall goal of the proposed programme

would be to contribute to national efforts to improve the quality of life of Eritrea's people, with emphasis on reproductive health, gender equality and sustainable development.

6. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

7. A population census has never been conducted in Eritrea, and information on the size, distribution and characteristics of the population is scanty and unreliable. Estimates of the total population range widely; based on a Government estimate from 1998, it is thought that in 2000 the total population was about 3.3 million. In the absence of reliable population information, it is difficult to measure, or even estimate, levels and trends in mortality and fertility. The principal source of estimates of demographic rates is the demographic and health survey that was undertaken in 1995. On the basis of that survey, the annual rate of population growth is estimated at approximately 3 per cent; this reflects a total fertility rate of 6.1 and life expectancy at birth of 52.4 years, with that of males being 51.1 years and females 53.7 years.

8. Given the enormous population movements prompted by the recent conflict with Ethiopia – a recent University of Asmara study estimates that as many as 1.1 million Eritreans may have been displaced, of whom approximately 275,000 remain in camps – virtually no information is available regarding the geographical distribution and the socio-demographic characteristics of the population of Eritrea's principal administrative areas. Information on movements of population between Eritrea and neighbouring countries is also extremely limited. The Government is concerned with the lack of data and now plans to conduct a complete population census in December 2002. The census will receive substantial financial and technical support from the Canadian International Development Agency (CIDA) and Statistics Canada. With funds from the United States Agency for International Development (USAID), the Government is also in the process of conducting its second demographic and health survey, which should be completed by the end of 2001.

9. Despite serious economic and other difficulties due to the long struggle for independence (which was achieved in 1993), the recent conflict with Ethiopia, environmental degradation and recurrent drought, Eritrea has managed to make great strides towards improving the health status of its population. For instance, the percentage of children vaccinated during the first round of national immunization days increased from 63.6 per cent in 1996 to 92.7 per cent in 1999. Moreover, between 1991 and 2000 the number of hospitals nearly doubled and the number of health centres rose by 58 per cent. In addition, a total of 1,500 auxiliary health workers and midwives graduated during that period, raising the number of health workers by 46 per cent. Eritrea has established an operational management information system for the health sector, and the data can be used to track gains in facilities and services. The progress realized to date reflects unwavering commitment to making primary health care available to all of the population.

10. Even with the progress realized since Independence, the reproductive health status of the people of Eritrea remains unsatisfactory. The limited information available indicates that in 1999 trained attendants were present at only 18.6 per cent of births, that only two-fifths of pregnant women received antenatal care, that the maternal mortality ratio was nearly 1,000 per 100,000 births in the years preceding the 1995 survey, that female genital cutting (FGC) is extremely common and that STIs and HIV/AIDS put in jeopardy the health and lives of a great many people. The situation is especially unsatisfactory in the two Red Sea zobas (districts) where rugged terrain, lack of infrastructure, low levels of education and income, certain traditional values, nomadic lifestyles and low population density militate against provision and use of reproductive health services. In many cases, links between health facilities and the communities they serve are limited, partly as a result of linguistic barriers.

11. Reducing and ultimately eliminating poverty constitutes an enormous challenge. The economic gains that Eritrea achieved in the years following Independence were associated with substantial improvements in infrastructure, roads, schools and health facilities. However, these gains have been seriously undercut not only by the direct costs of the recent conflict with Ethiopia but also by the ensuing economic disruption and dislocation. At present, Eritrea is receiving substantial humanitarian assistance from the international community. The United Nations is playing a key role together with Government in assessing emergency needs and mobilizing the resources to address those needs. Remittances by Eritreans living abroad also make a major contribution to stabilizing the economy and meeting the basic needs of the population.

12. It appears that Eritrea has so far been spared the ravages that HIV/AIDS has caused in other African countries. But data are incomplete, and the dislocation due to the conflict with Ethiopia and its aftermath could result in an acceleration of the spread of HIV/AIDS. The Government is firmly committed to implementing effective control measures and stands to receive considerable assistance in this regard.

Previous UNFPA assistance

13. UNFPA has provided assistance to Eritrea since 1993. The first country programme was approved in 1996 for the period of 1997-2000 in the amount of $6.8 million, of which $4.8 million was from regular resources and $2 million was to be from other resources. The Canadian Government has contributed $945,000 for planning and implementing Eritrea's first population and housing census. Based on recommendations of the mid-term review, the first country programme was extended by one year in order to facilitate participation in the CCA and to harmonize the programme cycle with those of other United Nations partners. Additional resources in the amount of $1.4 million, of which $900,000 were from regular resources and $500,000 from other sources, were allocated for the year 2000.

14. The first country programme placed the emphasis on: (a) improving reproductive health in two administrative zobas (Northern and Southern Red Sea); and (b) supporting planning and implementation of the population census. The reproductive health subprogramme was expected to start in 1997, but formulation and implementation of the recommended projects took longer than

anticipated. In May 1998, a reproductive health project for the two Red Sea zobas was signed, but implementation of the project was impeded by the border dispute with Ethiopia, which broke out that month and later escalated into a full-fledged armed conflict. That conflict, which ended in a cease-fire in 1999, has also been the main obstacle to progress in planning and conducting the census.

15. When the conflict with Ethiopia intensified in the second quarter of 1998, UNFPA, along with other United Nations organizations, responded quickly to the Government's appeal for assistance in meeting the emergency needs of displaced and deported people. In this respect, UNFPA support focused on strengthening the institutional capacity of local organizations involved in relief and rehabilitation efforts and on contributing to the resettlement and reintegration of displaced and deported populations, particularly women and children. UNFPA also responded to the emergency by participating actively in the Consolidated Appeal Process (CAP) for Eritrea. Approximately $1.2 million was mobilized in 2000 to meet the cost of making essential reproductive health equipment and supplies available to an estimated 1.1 million persons displaced by the conflict and drought. Additional humanitarian support in 2001 is anticipated.

16. Despite the constraints indicated above, the first country programme contributed significantly to achievements in several areas. The reproductive health project strengthened markedly the capacity of health facilities in the Red Sea zobas through construction of the Assab maternity centre and provision of important furniture and medical equipment and supplies. The project also provided furniture and equipment to the Massawa maternal and child health centre by supporting the renovation of health stations and by providing logistics and transportation support. Another important contribution was the upgrading of the clinical and communication skills of health personnel through appropriate local and external training. Human resource development programmes were generally national in scope and included training of physicians in emergency obstetric care.

17. Under the first country programme, UNFPA support for adolescent reproductive health was expanded by the establishment of two youth centres, one in Assab and another in Massawa. These centres make available counselling and clinical services to adolescents. Other programme achievements include the development and distribution of IEC materials, production of an educational video on HIV/AIDS and a feasibility study on the acceptability of the female condom. This study has led to a follow-on project to introduce the female condom in all six zobas.

18. The UNFPA country office promoted collaboration among donors and the strengthening of partnerships and teamwork around reproductive health and population issues. In this connection, in both 2000 and 2001 UNFPA played a key role in the CCA process, partly by securing the participation of staff of the UNFPA Country Technical Services Team (CST) as well as facilitating working groups and the national CCA/UNDAF workshop.

19. A number of relevant conclusions were drawn from the first country programme. In the first place, although the Ministry of Health must contend with shortages of staff and funds, it has the commitment, the administrative structures and the know-how needed to implement major programmes. Secondly, increases in capacity to deliver reproductive health services in the two Red

Sea zobas may have outpaced gains in service utilization, indicating the need to identify barriers to utilization, to reinforce IEC activities and to link health facilities more closely to the communities they serve. Also significant is that while the Ministry of Health has been successful in decentralizing implementation of reproductive health programmes, it is now clear that some activities, including policy development and training, must be national in scope. It also emerged that the Statistics and Evaluation Office is hampered not only by scarcity of trained and experienced staff but also by shortages of equipment and facilities.

Other external assistance

20. The Government of Eritrea receives assistance from a number of multilateral organizations, including United Nations agencies and the World Bank, and from bilateral donors, including Canada, Denmark, Italy, the Netherlands, Norway, the United Kingdom, the United States and others. Assistance related to population and reproductive health is summarized below.

21. WHO supports activities related to disease control and training of service providers employed by the Ministry of Health. To a lesser extent, WHO is also supporting safe motherhood initiatives and the HIV/AIDS control programme and is assisting the ministry in obtaining certain medical equipment.

22. UNICEF is supporting related programmes in the areas of health, education and nutrition. Priorities include immunization, water and sanitation, education and, in particular, support for girls. Education about HIV/AIDS is also an integral component of UNICEF support as is the provision of complementary nutrition for pregnant and lactating women. UNDP provides support to activities related to governance, especially the decentralization process and the strengthening of zoba and local administration. Other UNDP support seeks to enhance the role of women in social and economic development and to further poverty eradication, particularly in the fisheries sector.

23. UNAIDS provides technical support and channels limited funds to the national AIDS control programme. Activities include support for soldiers returning from the front, advocacy and training for the United Nations Mission for Ethiopia and Eritrea (UNMEE), support for people living with HIV and the female condom programme. Other partnerships with United Nations agencies include collaboration with UNHCR, WFP and UNICEF in the areas of reproductive health-related equipment and supplies. Additionally, in collaboration with UNHCR, UNFPA established a youth recreational and health centre in Gash-Barka region. Furthermore, UNFPA, in consultation with the Ministry of Health, has initiated discussions about WFP support for supplementary feeding for pregnant and lactating women.

24. The World Bank has provided loans for provision of essential drugs and for construction of two regional hospitals and a central blood bank. The World Bank will also provide substantial technical and financial support to help combat malaria, tuberculosis and STIs, including HIV/AIDS.

25. The United States has been providing support to train health personnel in life-saving skills and in the development of medical guidelines. It also supports the health and population programme through such activities as distribution of condoms and strengthening the integrated management of childhood illness. USAID supported the DHS in 1996 and 2001. The Department of State, through the Division of Population, Refugees and Migration, has provided $1 million through UNFPA for emergency reproductive health services, including supplies, equipment, logistic and capacity building support.

26. Denmark is interested in supporting activities in the area of STIs, including HIV/AIDS, and a proposal for community-based support has been developed for this purpose. It has also expressed an interest in support for activities in those areas within the context of the national demobilization programme. CIDA is collaborating with UNFPA and the Statistics and Evaluation Office to support the first national population and housing census. CIDA has also provided funds to UNFPA to support production of an educational video on HIV/AIDS. Norway has provided support for strengthening the capacity of the Statistics and Evaluation Office to undertake economic surveys.

Proposed programme

27. The overall goal of the proposed programme is noted in paragraph 5 above. The second country programme would provide for the implementation of two complementary subprogrammes, one focused on reproductive health and the other on population and development strategies. Both subprogrammes would contribute to efforts to prevent the spread of STIs, including HIV/AIDS, to eliminate poverty and to promote gender equality and equity.

28. The population and development strategies subprogramme would contribute to implementation of the reproductive health subprogramme. It would do so by making available essential information for planning, such as the specific number of women, men and adolescents in each health catchment area, and by increasing awareness and knowledge among policy makers, community leaders and planners as to the impact of reproductive health on trends in population and development. Additionally, a mapping exercise is envisaged in the reproductive health subprogramme to identify distance required to travel from every village to the nearest emergency obstetric care facility. This reproductive health subprogramme exercise would be based on maps developed with support of the population and development strategies subprogramme.

29. Reproductive health. The major reproductive health issues are: (a) high maternal mortality and morbidity resulting from early marriage; (b) poor nutrition status; (c) practices harmful to reproductive health such as FGC and delayed referral for pregnant women with complications; (d) late initiation of breastfeeding; (e) the threat of STIs, including HIV/AIDS; (f) low utilization of services; (g) inadequate male and adolescent reproductive health information and services due to distance, cultural and language barriers; (h) insufficient reproductive health information to take informed decisions; and (i) weaknesses in human resource capacity, insufficient supplies and an overall need to decentralize and strengthen management capacity with a focus on planning, monitoring and evaluation of health services.

30. The purpose of the reproductive health subprogramme would be to contribute to increased adoption of positive behaviour changes and improved coverage, quality and utilization of gender-sensitive services by all Eritreans. By building capacity and knowledge at all levels, empowering communities to participate actively in reproductive health activities, and strengthening management systems, the subprogramme would contribute to reduced morbidity and mortality resulting from STIs, including HIV/AIDS.

31. The subprogramme would be centred on a results-based management approach. A logical framework matrix with qualitative and quantitative indicators has been developed to help measure the expected results. Emphasis would be placed on consolidating the achievements of the first country programme in the Northern and Southern Red Sea zobas, with particular attention to maintaining quality of care, overcoming barriers to utilization of services, involving community leaders and other partners to advocate for and play a role in providing quality information regarding practices that are beneficial and harmful to reproductive health.

32. The subprogramme would also address national reproductive health needs particularly in relation to the development and/or revision of policies and guidelines for all levels of service delivery; development of clinical, managerial and technical skills; and the design and implementation of behaviour change communication strategies. The second country programme would address national needs using the lessons learned in the two Red Sea zobas.

33. The first output of the reproductive health subprogramme would be strengthened technical capacity of service providers (especially female staff) to provide quality information, counselling and services on safe motherhood, child spacing, STIs and sub-fertility and to effectively handle obstetric emergencies. This would be achieved through review and revision of curricula and manuals for in-service and basic training to ensure the inclusion of reproductive health issues, development of effective communication skills, provision of long- and short-term technical assistance as required and training of health staff at different levels.

34. The second output of the reproductive health subprogramme would be increased knowledge and understanding of reproductive health practices, and the adoption of positive attitudes among the population as a whole and increased support among community leaders for practices that are beneficial to improving reproductive health status. This would be achieved through: (a) development of a behaviour change communication strategy, including assessment of appropriate reproductive health messages; (b) enhancing community competence and involvement, in the provision of information on reproductive health and in particular on safe motherhood, child spacing, STIs and timely referral of complicated pregnancies; and (c) advocating community support for the elimination of practices harmful to reproductive health; appropriate maternity care; breastfeeding immediately after birth; child spacing and use of contraceptives; good feeding practices, especially by women and girls; prevention of STIs; and prevention, recognition and treatment of sub-fertility and infertility.

35. The third output would be availability of a minimum package of reproductive health equipment, supplies and drugs appropriate for each level of the health-care system nationwide, including availability of condoms through service delivery sites and other strategic places that would ensure privacy. This output would be designed to ensure reproductive health commodity security through an annual assessment of supply utilization, identification of financial requirements and mobilization of the required resources.

36. The fourth output would be strengthened management capacity at all levels of the health system. More specifically, policy and standard guidelines would be developed, including: (a) specification of a minimum reproductive health service package for each level; (b) clinical standards for each staff level; and (c) a list of essential equipment and supplies required to provide reproductive health services at each level. Other goals include increased coverage of reproductive health services – including basic emergency obstetric care; antenatal, safe delivery and postnatal care; and child-spacing services – through static service delivery points and outreach services and comprehensive emergency obstetric care and sub-fertility services at appropriate referral level facilities. Management capacity would also be strengthened in making adolescent reproductive health information, counselling and services more available.

37. Population and development strategies. The key issues in the area of population and development strategies are: (a) lack of statistical information on the size, composition, growth, distribution and characteristics of the population; (b) limited capacity to design and implement programmes to collect, process, analyse, disseminate and use critical population data; (c) lack of skill and experience in analysing and utilizing population and related data for planning, implementing and evaluating development programmes; and (d) insufficient understanding of the ways in which population and development interact. The purpose of the population and development strategies subprogramme would be to contribute to improved availability of population and related data for informed decision-making and to their utilization at all levels.

38. The first output would be the availability of extensive, detailed and accurate information regarding the population characteristics and trends of Eritrea's administrative units. This would be achieved mainly through implementation of the first-ever population census in Eritrea, currently scheduled for December 2002. Implementation of the census would entail coordination of donor support; purchase and management of substantial amounts of equipment; long- and short-term technical assistance; preparation of detailed workplans and regular monitoring and supervision of all activities. Particular attention would be given to ensuring rapid dissemination of data and findings to a large range of potential users at all levels and to analysis of demographic trends and patterns.

39. The second output would consist of: (a) increased knowledge of stakeholders at all levels concerning population patterns and trends; and (b) increased capacity at all levels to take population trends and patterns into account when planning, monitoring and evaluating development programmes, especially in the health and related sectors. This would be achieved through sustained dialogue with potential users of population data, systematic dissemination of census and related

population data, selected technical assistance to sectoral and regional planners and decision makers at all levels and establishment of a development indicators database.

40. The third output would be strengthened capacity of the Statistics and Evaluation Office to plan, implement, monitor and evaluate large-scale data collection activities; to enter, edit and process population and related data; to incorporate those data into databases; to analyse the data; and to disseminate findings widely. Skills and experience would be built by analysing data collected through the 2001 demographic and health survey and through the 2001 core welfare indicators questionnaire supported by the World Bank. Statistics and Evaluation Office staff, as well as staff of the planning and statistical services of line ministries and zobas, would receive further training in the design of gender-sensitive data collection instruments and in the use of databases, geographical information systems and electronic methods of information dissemination.

Programme implementation, coordination, monitoring and evaluation

41. The Government of Eritrea and UNFPA would continue to work in partnership to plan, monitor and evaluate the second country programme within the context of the UNDAF. The International Cooperation, Macro Policy and Economic Coordination (ICMPEC) division of the Government would be responsible for overall coordination of the programme, including coordination of programme inputs from other donors.

42. The Statistics and Evaluation Office would take the lead in all activities related to the population and development subprogramme and, in particular, census and post-census activities. The Ministry of Health would take the lead with respect to implementation of the national reproductive health programme. Collaboration would be facilitated through existing multisectoral committees. The Ministry of Health and the Statistics and Evaluation Office would each designate a focal person for each subprogramme. If more than one component project is formulated within a subprogramme, additional focal persons would be identified as required. Other partners may also be called upon to assist in implementation of the proposed programme.

43. UNFPA would work closely with the Government to provide material, financial and technical assistance to support the second country programme. UNFPA would also chair and co-chair the UNAIDS theme group on a rotating basis with other members. National and international experts, as well as the CST, may provide technical assistance. Together with government counterparts, UNFPA would be responsible for monitoring the programme and evaluation of activities based on the objectively verifiable indicators identified in the logical framework matrix in order to utilize a results-based management approach to programme implementation.

44. Overall monitoring and evaluation of the programme would rest with related government agencies and the UNFPA country office. Once each year, ICMPEC and UNFPA will co-chair a country programme review meeting. Annual project reports would be prepared a month in advance of this meeting and presented by the respective implementing agencies. These presentations would

highlight achievements and constraints and, following discussions with all stakeholders, recommendations would be made and a workplan presented for the coming year.

45. The programme would work to strengthen the results-based management capacity of the executing and implementing agencies in order to monitor and assess the progress and constraints of the programme. Focal persons for each of the subprogrammes, in collaboration with the UNFPA country office, would be responsible for preparing annual reports and other documentation required to support active monitoring of programme activity.

46. Prior to launching the second country programme, a baseline rapid appraisal would be undertaken to assess the pre-programme status of each of the indicators outlined in the country programme logical framework. A sub-set of these indicators would be monitored, and trends analysed on an annual basis through routine reporting systems. A mid-term evaluation (including a follow-up to the baseline appraisal) and a mid-term review meeting are envisaged at the end of 2004. During 2005 and 2006, a country programme evaluation would take place.

47. The UNFPA country office is composed of a Representative, one national programme officer and general service staff. It is anticipated that two vacancies for junior professional officers would be filled prior to the initiation of the second country programme. National Professional Programme Personnel would be utilized to support the substantive management of the programme.

48. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

49. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Eritrea as presented above, in the amount of $10.5 million for the period 2002-2006, $4.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $6 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

* * * * *